

Meningococcal Disease Contact List

Name of Index Patient: _____

Name of Contact	Age	Relationship to case	Exposure*			Prophylaxis			Comments
			Date	Setting	Mode	Yes	Date	By whom	
						No	Given	(name of private physician or LHD)	
Household contacts									
Out-of-household contacts									
(name, address, telephone)									

*Examples of settings for exposure: household, child care, health care, school, other occupational settings, party. etc. Examples of modes of transmission: (a) shared food, beverages, utensils, cigarettes, or other objects, (b) kissing or mouth-to-mouth resuscitation, (c) inadvertent droplet contact, intubation, suctioning.